

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Henry Banton</i>		Town <i>Centreville</i>		County <i>Queen Anne's</i>		MARYLAND	
Died at <i>Centreville</i>		Month <i>Oct.</i>		Day <i>18</i>		Years <i>65</i>	
Date of death <i>1909 Oct. 18</i>		Months <i></i>		Days <i></i>		Age <i>65</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Annapolis</i>			
Occupation <i>R.R. yardman</i>		Where Residing if not at place of death <i>Centreville</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Henrietta Banton</i>					
Father's Name <i>Henry Banton</i>		Father's Birthplace <i>Annapolis</i>					
Mother's Maiden Name <i>Betty Spriggs</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Henrietta Banton</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Valvular Disease of the Heart</i>	How long <i>Don't know</i>
Immediate	<i>Dropsy</i>	How long <i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. F. Smith</i>
		Address <i>Centreville</i>
Accident or Suicide? <i>No</i>		<i>Md.</i>



Name
in
Full

Lyda Downs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

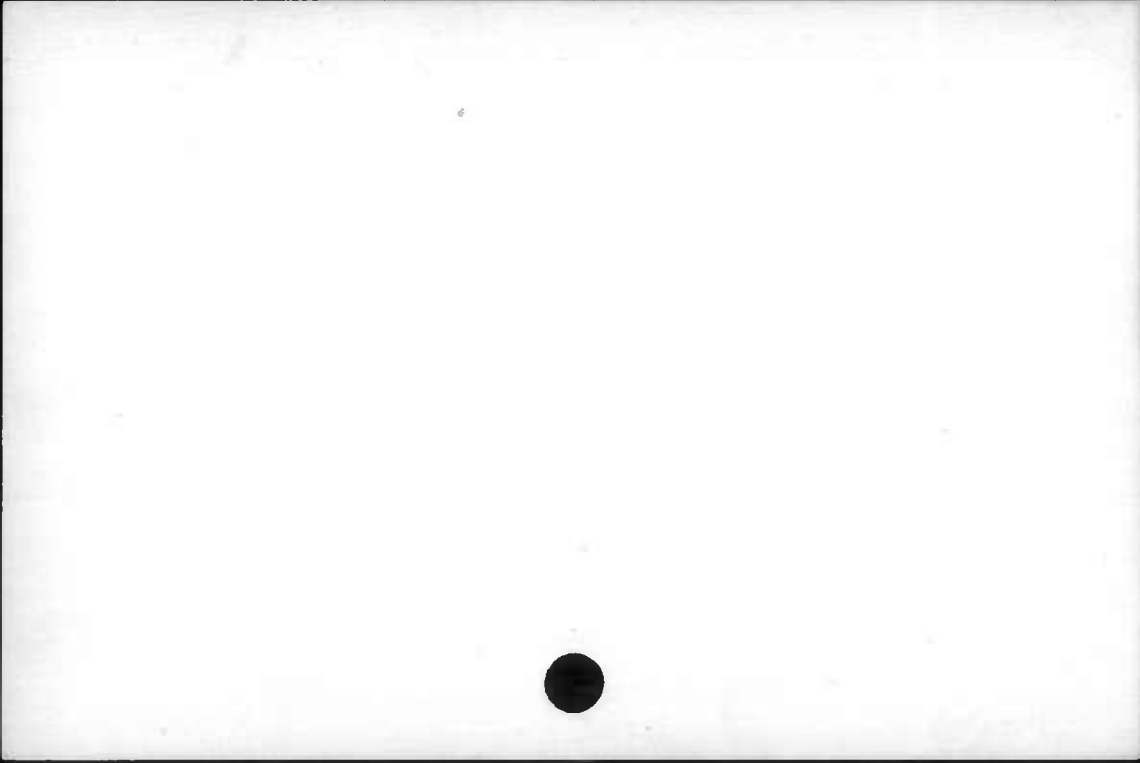
Died at <i>Near Ruthsburg</i>		Town <i>Queen Annes</i>		County <i>Queen Annes</i>		MARYLAND	
Date of death	1909	Month	Oct	Day	6	Years	Age 55
Sex	Female		Color or Race	Colored		Birthplace	<i>Hope Queen Annes Co. Md.</i>
Occupation	<i>Wash woman</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Widowed</i>		Name of Wife or Husband	<i>Stephen R. Downs</i>			
Father's Name	<i>Alexandra Handy</i>			Father's Birthplace	<i>Ruthsburg Queen Annes Co. Md.</i>		
Mother's Maiden Name	<i>Mary Thomas</i>			Mother's Birthplace	<i>Ruthsburg Queen Annes Co. Md.</i>		
Name of person giving Information	<i>Alexandra Handy</i>			How related to deceased	<i>Brother</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Heart Disease</i>	How long	<i>4 or 5 months</i>
Immediate	<i>Heart Failure</i>	How long	<i>Immediate.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Walter H. Fenton</i>
		Address	<i>Centreville, Md.</i>
Accident or Suicide			<i>R.R. No. 4.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

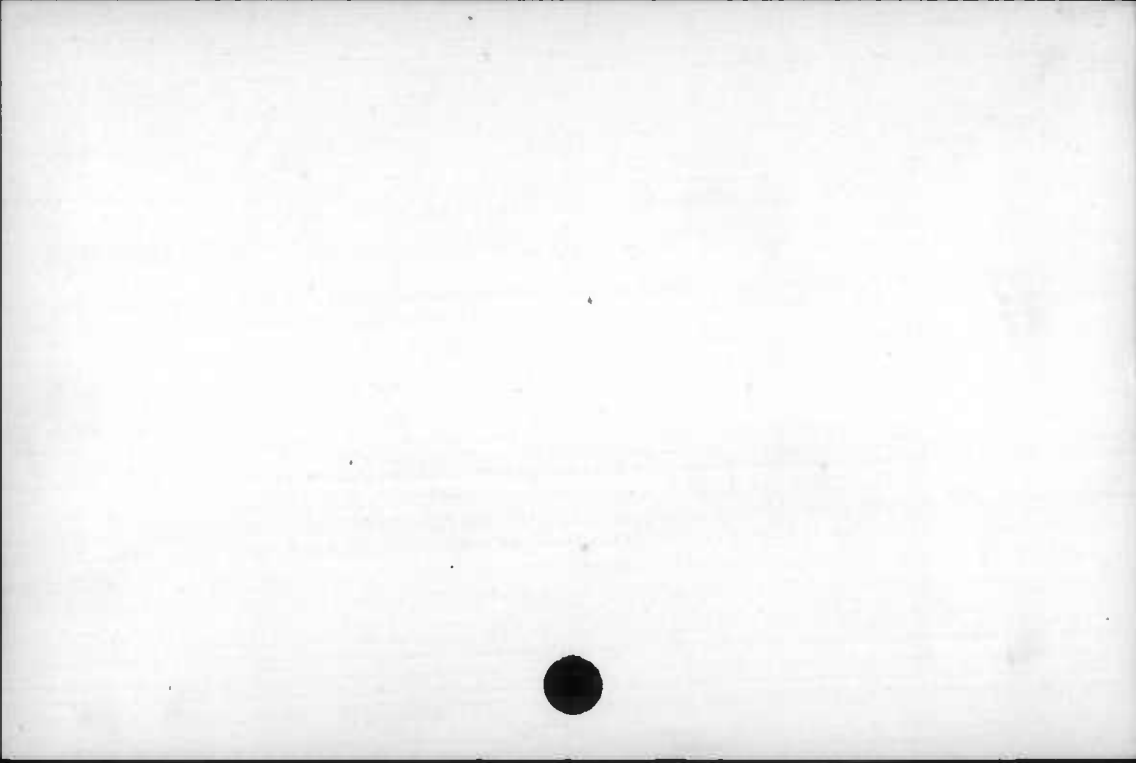
Name in Full <i>JAMES KAINS</i>		Town <i>Centerville</i>		County <i>Queen Anne</i>		MARYLAND	
Died at <i>Centerville</i>		Month <i>Oct</i>		Day <i>6</i>		Years <i>38</i>	
Date of death <i>1909</i>		Months		Days			
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Kent Island</i>			
Occupation <i>Boiler</i>		Where Residing if not at place of death <i>Centerville</i>					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Mary Kains</i>					
Father's Name <i>Edward Kains</i>		Father's Birthplace <i>Kent Island</i>					
Mother's Maiden Name <i>Nancy Thomas</i>		Mother's Birthplace <i>Kent Island</i>					
Name of person giving information <i>Henry Nichols</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>18 months</i>
Immediate <i>Exhaustion</i>	How long <i>2 or 3 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John W. Farman</i>
	Address <i>Sub Registrar</i>
Accident or Suicide?	



Name
in
Full

William Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

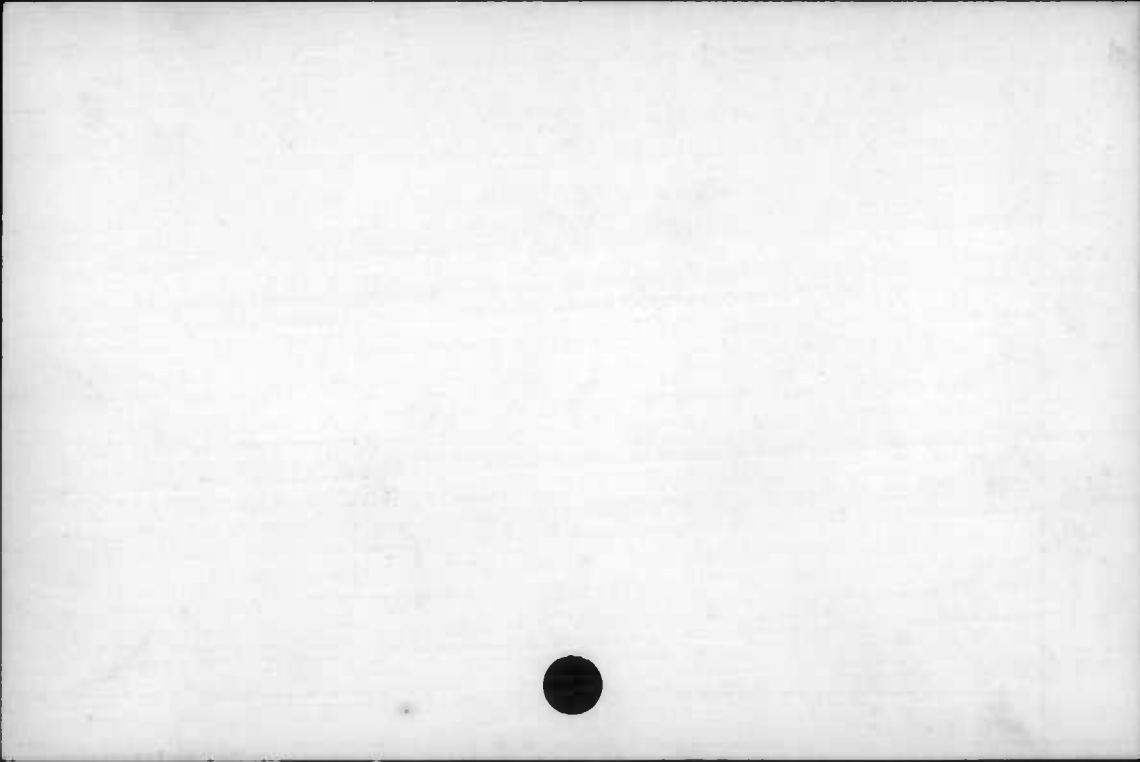
Died at <u>Stevensville</u> ^{Twp}		<u>Q. A.</u> ^{County}		MARYLAND	
Date of death 190 <u>9</u>	Month <u>Oct</u>	Day <u>3</u>	Age <u>39</u> ^{Years}	Months <u> </u>	Days <u> </u>
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Kent Bld. Md.</u>		
Married, Single <u>Single</u> or Widowed		Occupation <u>Laborer</u>			
Name of Wife or Husband					
Father's Name <u>John Green</u>			Father's Birthplace <u>Kent Bld. Md.</u>		
Mother's Maiden Name <u>Maudy Wilson</u>			Mother's Birthplace <u>" " "</u>		
Name of person giving Information <u>Dave Kain</u>			How related to deceased <u>brother (half)</u>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <u>Dropsy & Heart Disease</u>	How long <u>4 mo</u>
Immediate <u>Paralysis of Heart</u>	How long <u>Immediate</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>C Percy Kemp</u>
	Address <u>Stevensville, Md.</u>
Accident or Suicide? <u> </u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George Griffin Town **Cornish** County **2 a or** **MARYLAND**

Died at **Cornish**

Date of death **1909** Month **Oct** Day **13** Age **4** Years Months Days

Sex **Male** Color or Race **Black** Birth-place **2 a or**

Occupation **—** Where Residing if not at place of death **Cornish**

Married, Single or Widowed **—** Name of Wife or Husband **—**

Father's Name **Lehas Griffin** Father's Birthplace **2 a or**

Mother's Maiden Name **Hattie Parn** Mother's Birthplace **2 a or**

Name of person giving Information **Lehas Griffin** How related to deceased **For them**

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary **Premature dentition** How long **Don't know**

Immediate **Exhaustion** How long **Two days**

Are the name, age, sex, color, data and place correctly given above? **Yes** Signature of Physician **R. B. Ford**

Address **Queenstown, Md.**

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Not named. Grinage

Disd at ^{Town} Queensbrim ^{County} S. A. **MARYLAND**

Date of death 1909 ^{Month} Oct. ^{Day} 8th ^{Age} 0 ^{Months} ^{Days}

Sex Female **Color or Race** Colored **Birth-place** Queensbrim Md.

Occupation **Where Residing if not at place of death**

Marriad, Single or Widowad **Name of Wifa or Husband**

Father's Name Thomas Grinage **Father's Birthplace** S. A. Co. Md.

Mothar's Maiden Name Stella Ford **Mother's Birthplace** S. A. Co. Md.

Nama of parson giving Information V. P. W. Ford **How related to deceased** Physician

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Strangulation by Umbilical Cord **How long** don't know

Immediate Heart Failure. **How long** don't know

Are the nama, age, sex, color, date and placu correctly given above? Yes **Signature of Physician** V. P. W. Ford, M. D.

Address Queensbrim - Md.

Accident or Suicide



Name
in
Full

Blanche Anita Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

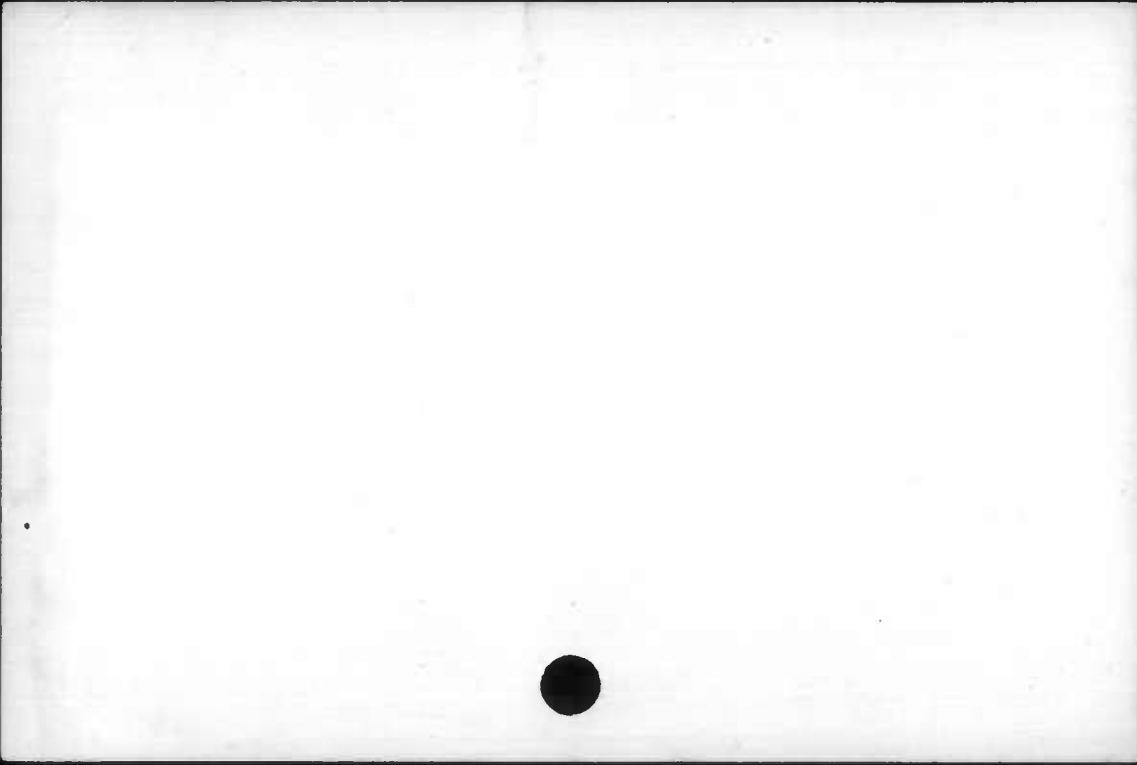
Died at		Barrington		L.A. Co		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		Oct.	27	Age	13	6	
Sex		Female		Color or Race		Colored	
Occupation		House Girl		Where Residing if not at place of death		Barrington	
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Christopher Jones Hall		Father's Birthplace		Cross Roads Md.	
Mother's Maiden Name		Lucretia Summers		Mother's Birthplace		Canada	
Name of person giving Information		Christopher Hall		How related to deceased		Father	

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary	Cerebro spinal Meningitis	How long	Two weeks
Immediate	Cardiac failure	How long	Five hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	A. H. Ford
Yes		Address	Queerstown, Md.
Accident or Suicide			



Name
in
Full

Sarah F. Land

CERTIFICATE OF DEATH

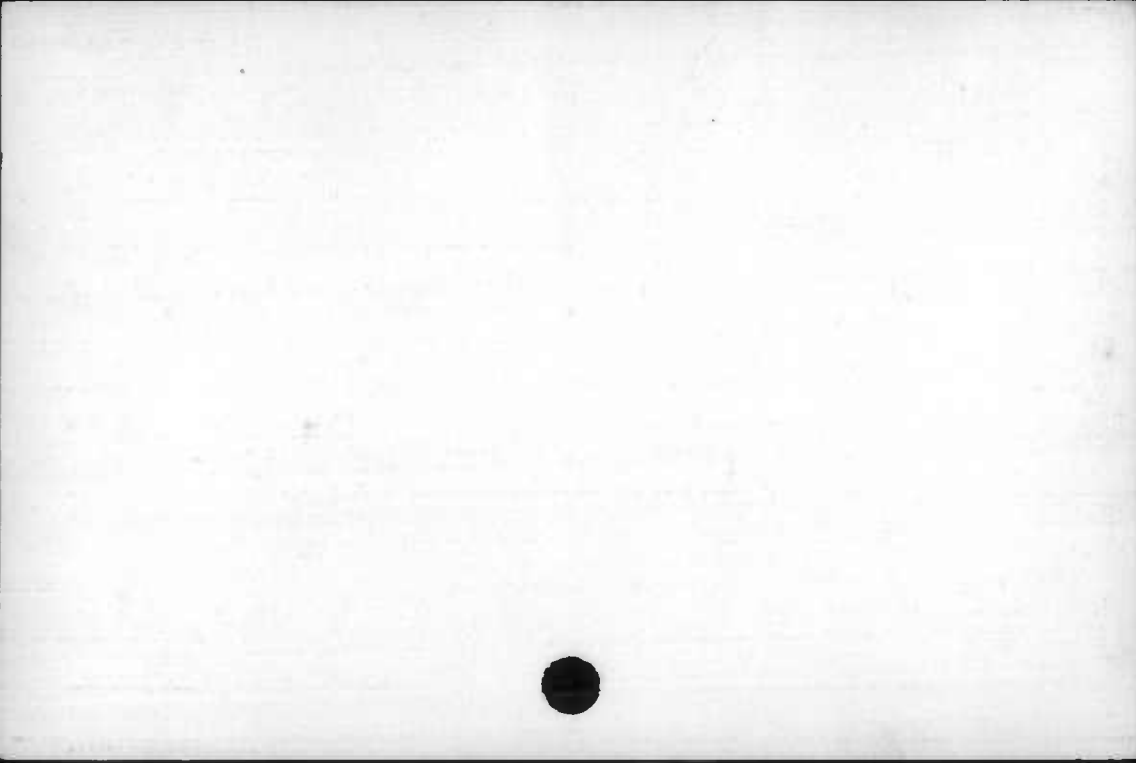
TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Church Hill</i>		Town <i>Queen Anne's Co.</i>		County		MARYLAND	
Date of death <i>1909 Oct</i>		Month <i>Oct</i>		Day <i>11</i>		Age <i>60</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth place <i>St. C. Maryland</i>		Months <i>—</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>James H. Land</i>					
Father's Name <i>Edwin Johnson</i>				Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Sarah Knott</i>				Mother's Birthplace <i>Ind.</i>			
Name of person giving information <i>James H. Land</i>				How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>13 years ago</i>
Immediate <i>Coma followed by Asphyxia</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. G. Coppage</i>
	Address <i>Church Hill</i>
Accident or Suicide? <i>med</i>	



Name
in
Full

Harry B Jones

CERTIFICATE OF DEATH

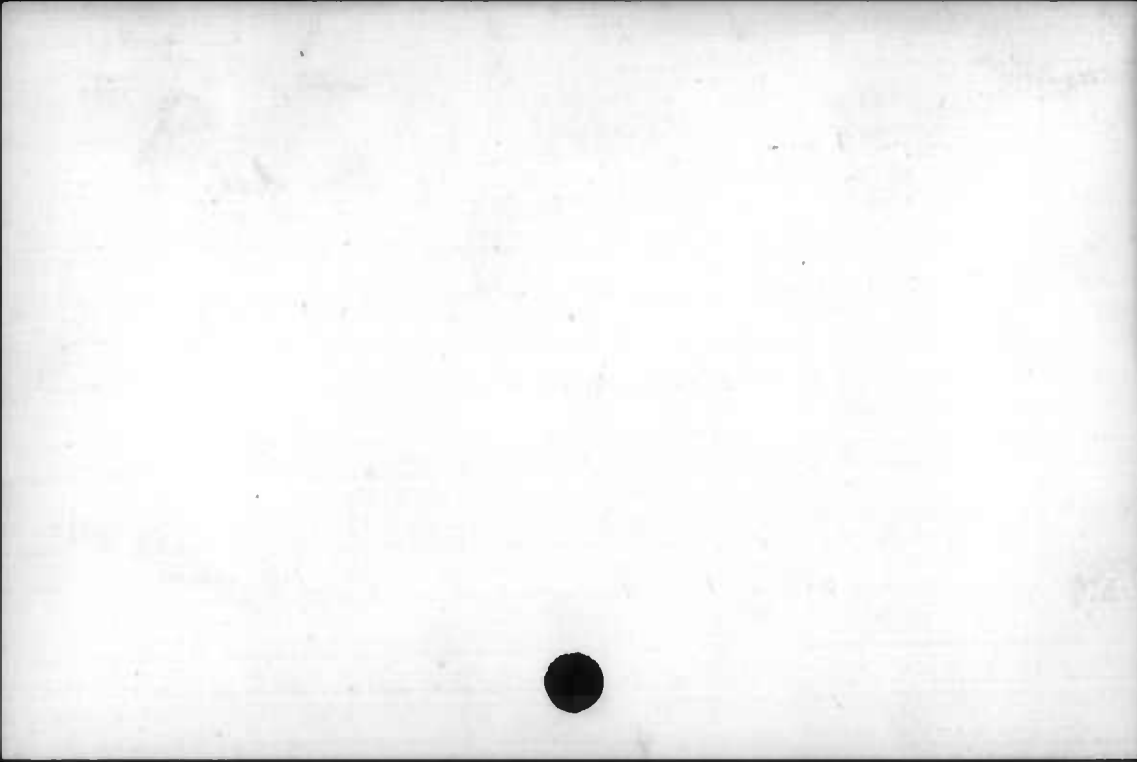
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Irish Store</i>		Town <i>Irish Store</i>		County <i>Queen Anne</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>Oct</i>		Day <i>20</i>		Age <i>65</i>	
Sex <i>Mr</i>		Color or Race <i>White</i>		Birth-place <i>Selemoan</i>		Months <i>—</i>	
Occupation <i>Carpenter</i>		Where Residing if not at place of death <i>Wardhusle-i</i>		Name of Wife or Husband <i>deu</i>		Marked Single or Widowed <i>—</i>	
Father's Name <i>Lewis Jones</i>		Father's Birthplace <i>Selemoan</i>		Mother's Maiden Name <i>Anderson</i>		Mother's Birthplace <i>Anderson</i>	
Name of person giving information <i>Mrs Lewis</i>		How related to deceased <i>daughter</i>		64		✓	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>one week</i>
Immediate <i>Arteriosclerosis</i>	How long <i>gradual</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm. J. Jones</i>
	Address <i>Stevensville</i>
Accident or Suicide?	<i>Ind</i>



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

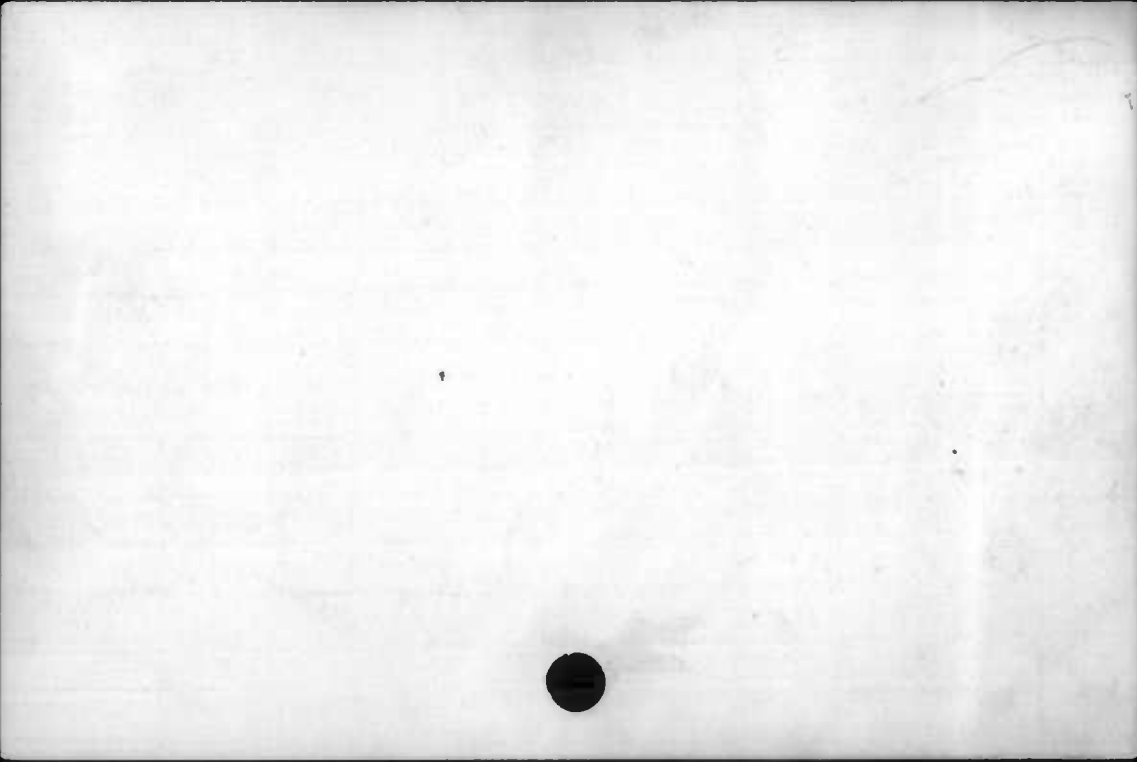
Died at <i>Fordston</i>		Town <i>Fordston</i>		County <i>Queen Anne's</i>		MARYLAND	
Date of death	1909	Month	October	Day	1	Age	Three weeks
Sex	Female	Color or Race	White	Birth-place	Fordston Md	Months	Sept
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	<i>John James Jones</i>			Father's Birthplace	<i>29 Co. Md</i>		
Mother's Maiden Name	<i>Luey Pierson</i>			Mother's Birthplace	<i>29 Co. Md</i>		
Name of person giving information				How related to deceased			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Malnutrition</i>	How long	<i>From Birth</i>
Immediate	<i>Exhaustion</i>	How long	<i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Wm. J. Henry</i>
		Address	<i>Stevensville Md</i>
Accident or Suicide?	<i>No</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

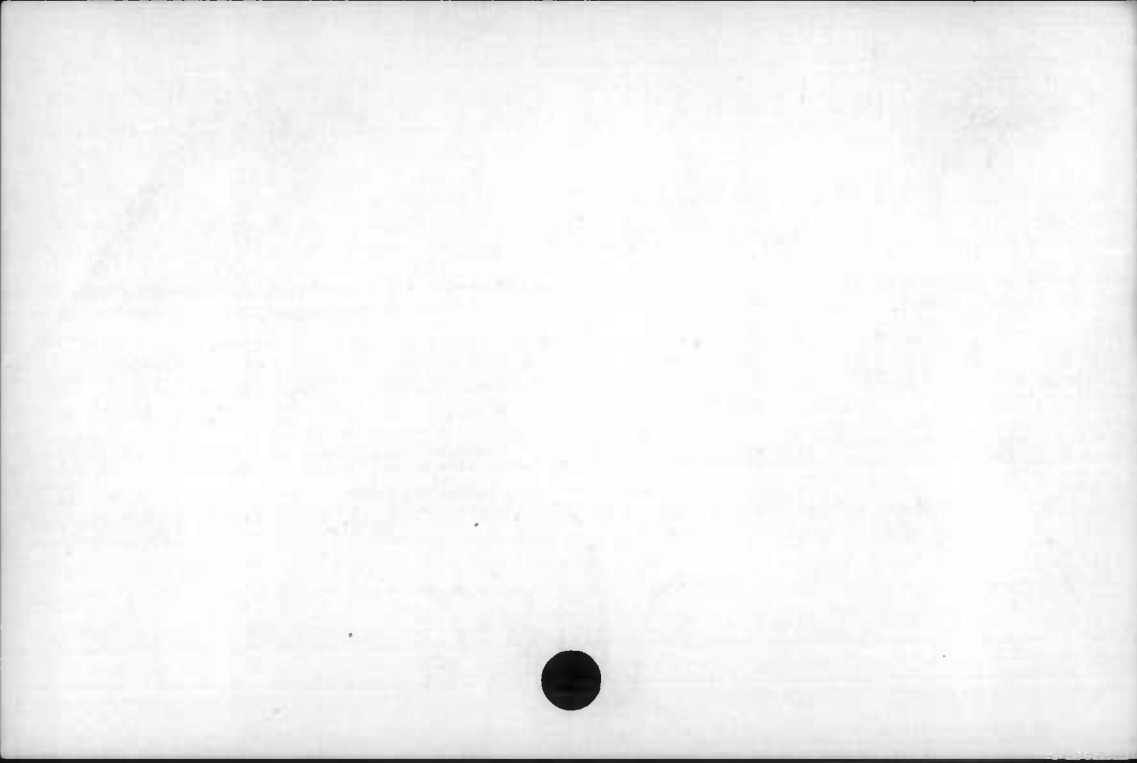
Name in Full <i>Mary C. Morris</i>		Town <i>Brownsville</i>		County <i>D.A. Co</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1909 Oct 1</i>		<i>56</i>		<i>1</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birthplace <i>D.A. Co</i>			
Occupation <i>Cook</i>		Where Residing if not at place of death <i>Brownsville</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Geo. W. Morris</i>					
Father's Name <i>W. Cook Higginson</i>		Father's Birthplace <i>D.A. Co</i>					
Mother's Maiden Name <i>Elsie White</i>		Mother's Birthplace <i>D.A. Co</i>					
Name of person giving information <i>Mary C. Paynard</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Valvular Heart Disease</i>	How long	<i>Don't know</i>
Immediate	<i>Dropsical Effusion</i>	How long	<i>2 months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. F. Smith</i>	
<i>Yes.</i>		Address <i>Centreville</i>	
Accident or Suicide?		<i>Md.</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Fanquie Elizabeth Palmer* Town *Stevensville* County *L. A.* MARYLAND

Died at *Stevensville*

Date of death 1909 Month *Oct* Day *12* Age *2* Months *1* Days *5*

Sex *Female* Color or Race *White* Birth-place *Kent D.*

Occupation *None* Where Residing if not at place of death *Kent D.*

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *Edwin Palmer* Father's Birthplace *" "*

Mother's Maiden Name *Emmer Caspary* Mother's Birthplace *Centerville*

Name of person giving Information *Emmer Palmer* How related to deceased *Mother*

PHYSICIAN
OR CORONER

Fell into boiling water CAUSES OF DEATH *167*

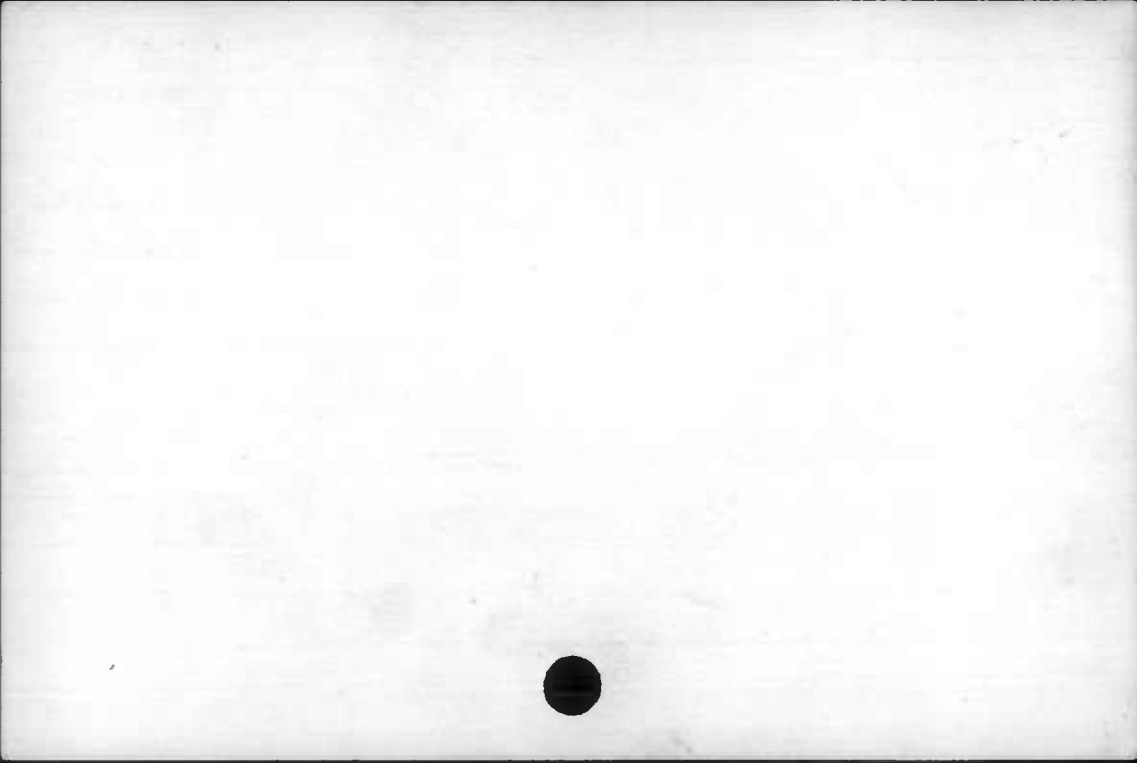
Primary *Burn covering 2/3 of body* How long *7 hours*

Immediate *Shock* How long _____

Are the name, age, sex, color, data and place correctly given above? *yes.*

Signature of Physician *C. Perry Kemp* Address *Stevensville Md.*

Accident or Suicide ☒



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

has named

Powell

Town

County

Died at

Rolphs

Queen Anne

MARYLAND

Date

of death

1909 Oct

Day

2

Age

Years

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Rolphs Md

Occupation

Where Residing if not
at place of death

at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Winnie Powell

Father's
Birthplace

Md

Mother's
Maiden Name

Winnie McGinnis

Mother's
Birthplace

D.C.

Name of person giving
Information

Winnie Powell

How related
to deceased

Father

CAUSES OF DEATH

Primary

Immature birth

Immediate

Malnutrition

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

W. L. Coppoge

Address

Church Hill

Accident or Suicide

151

How long

2 day

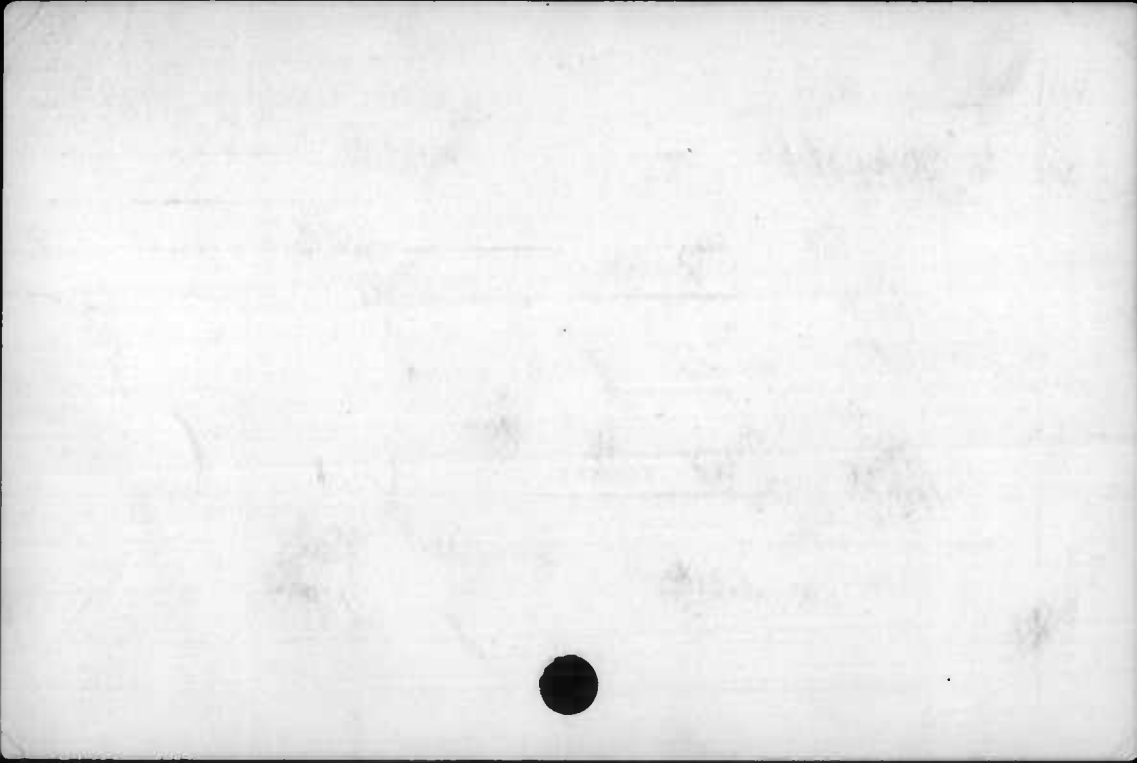
How long

2 day

PHYSICIAN
OR CORONER



Name in Full		Certificate of Death					
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Sudlersville</i>		County <i>Queen Anne's</i>			
		State <i>MARYLAND</i>					
		Date of death <i>1909</i>	Month <i>October</i>	Day <i>Fourth</i>	Age <i>twenty</i>	Months <i>eleven</i>	Days <i>nine</i>
		Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Barclay Md</i>			
		Occupation <i>Teacher</i>	Where Residing if not at place of death				
		Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>-</i>				
		Father's Name <i>James Poe</i>		Father's Birthplace <i>Barclay Md</i>			
Mother's Maiden Name <i>Mary Cheseldine</i>		Mother's Birthplace <i>Leonardtown Md</i>					
Name of person giving information <i>Horace L. Benson</i>		How related to deceased <i>Cousin</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Typhoid Fever</i>		How long <i>Six weeks</i>			
		Immediate <i>Perforation of Peritonitis</i>		How long <i>36 hours</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Thos. E. Sudler</i>			
				Address <i>Sudlersville Md</i>			
		Accident or Suicide? <i>no</i>					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

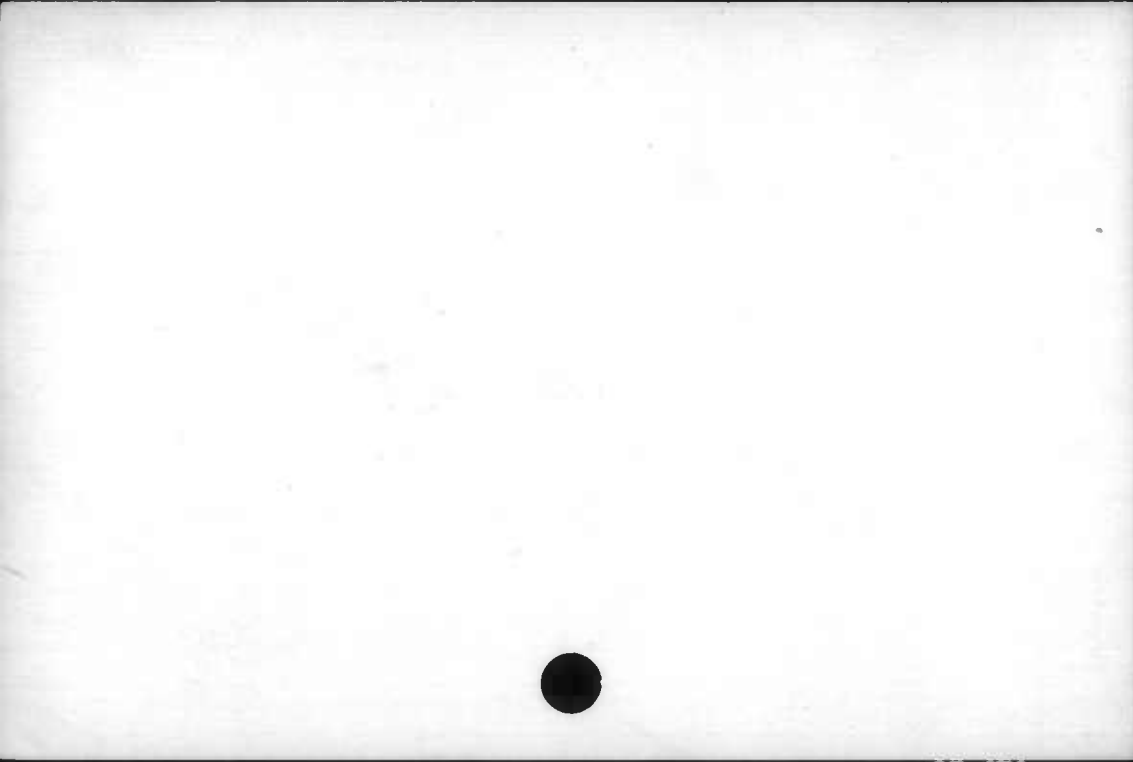
Died at <i>Wagleside</i>		Town <i>Wagleside</i>		County <i>Queen Anne's</i>		MARYLAND	
Date of death 190 <i>9</i>		Month <i>Oct</i>		Day <i>9th</i>		Age <i>16</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Queen Anne's Co</i>		Months <i>1</i>	
Occupation <i>None</i>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Joseph Series</i>		Father's Birthplace <i>Queen Anne's Co</i>					
Mother's Maiden Name <i>William Marya Series</i>		Mother's Birthplace <i>Queen Anne's Co</i>					
Name of person giving information <i>Joseph Series</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pneumonia, Tuberculosis</i>	How long <i>1 Year</i>
Immediate <i>Exhaustion</i>	How long <i>2 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. S. Reed</i>
	Address <i>Church Hill</i>
Accident or Suicide <i>No</i>	<i>Queen Anne's Co Md</i>



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *Johns Leat* Town *Church Hill* County *Queen Anne's Co*

Date of death *1909 Oct 2nd* Age *27* Months *3* Days *27*

Sex *Male* Color or Race *Colored* Birth-place *Queen Anne's Co*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Da Great Know*

Father's Birthplace *Unknown*

Mother's Maiden Name *Laura Troziers*

Mother's Birthplace *Queen Anne's Co*

Name of person giving Information *Mary Patton*

How related to deceased *Niece*

CAUSES OF DEATH

Primary *Pneumonia* How long *3 days*

Immediate *Exhaustion* How long *1 day*

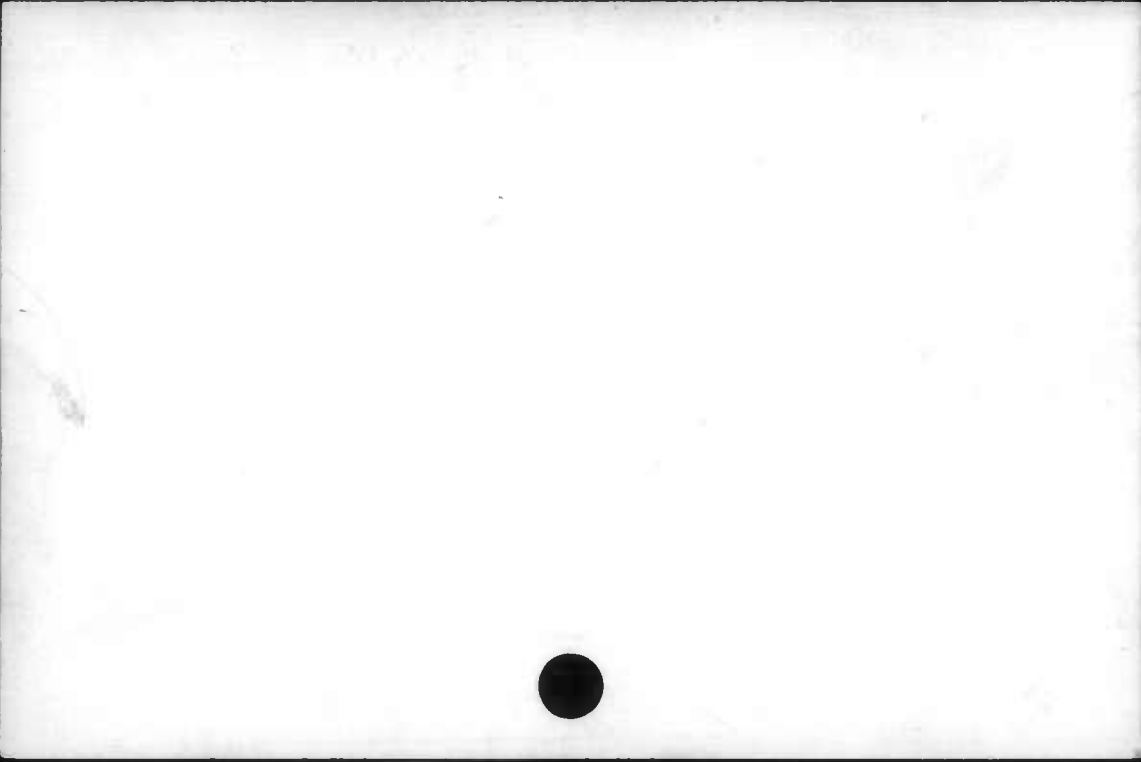
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *N. L. Duddy*

Address *Church Hill Queen Anne's Co Md*

Accident or Suicide *No*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORNER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

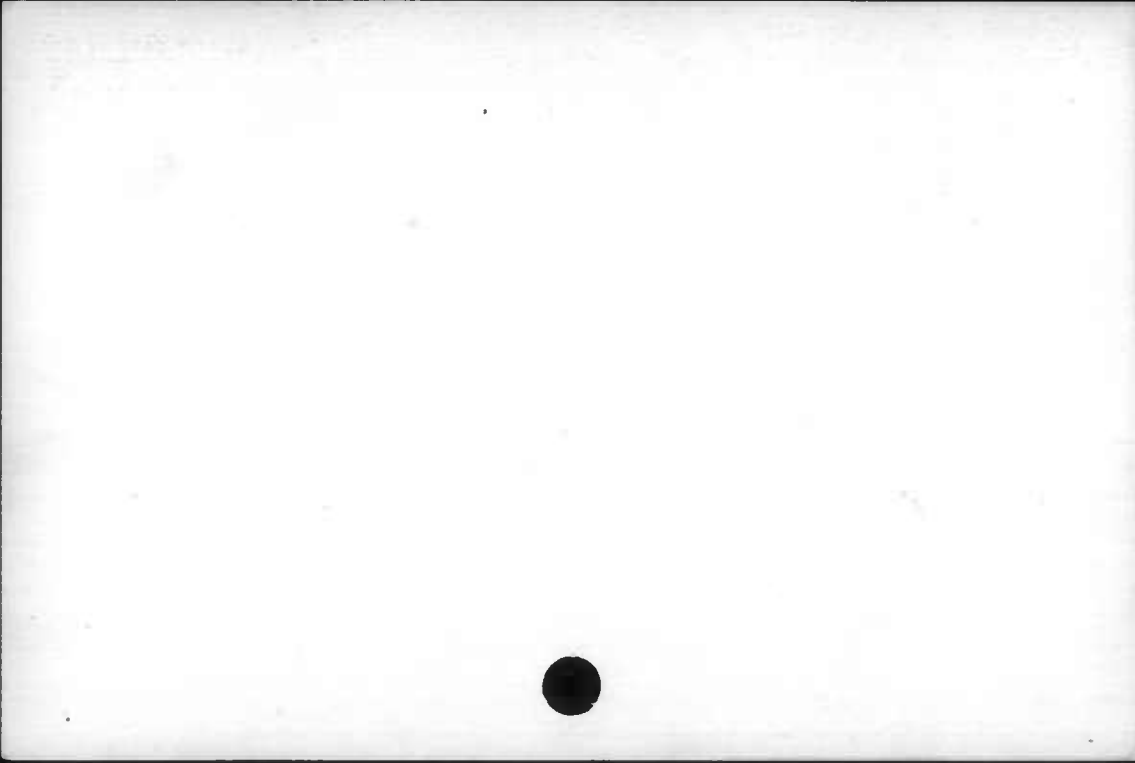
Dead Born Timmo
Died at ^{Town} Chester ^{County} I. A.
Date of death 190 ^{Month} 9 ^{Day} 27 ^{Years} Age Months Days
Sex Male Color or Race White Birth-place Kent L.
Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband
Father's Name Edward Timmo Father's Birthplace Kent Island
Mother's Maiden Name Lizzie Lewis Mother's Birthplace Centerville
Name of person giving Information Edward Timmo How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary How long 2
Immediate Still Birth How long
Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Wm. J. Henry
 Address Stevensville Md
Accident or Suicide no



Name
In
Full

Alfred Julian Townsend

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

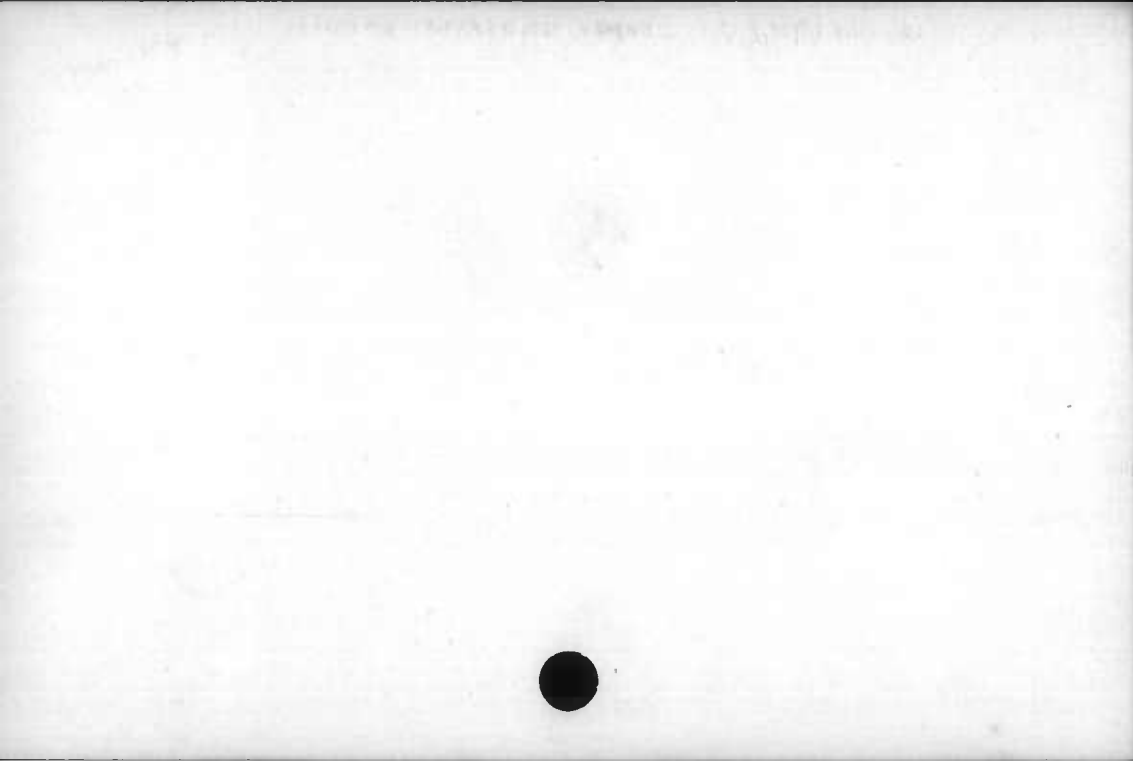
Died at <i>Centreville</i> ^{Town}		<i>Queen Anne's</i> ^{County}		MARYLAND	
Date of death	1909	Month	Oct.	Day	15
Age		Years		Months	Days
Sex	Male		Color or Race	White	
Birth-place	Centreville Md.				
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Alfred Townsend			Father's Birthplace	Queen Anne's Co.
Mother's Maiden Name	Grace Abrams.			Mother's Birthplace	Queen Anne's Co.
Name of person giving information	Harriet Abrams.			How related to deceased	Aunt.

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Hereditary weakness</i>		How long	4 days.
Immediate	<i>Exhaustion</i>		How long	4 days.
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician <i>E. F. Smith</i>	
			Address <i>Centreville Md.</i>	
Accident or Suicide?		No.		



Name
in
Full

CERTIFICATE OF DEATH

John H. Hilt
near Mullington

Counties
Anne Arundel

MARYLAND

Died at
Date of death 1909 Month Oct Day 17 Age Years Months 2 Days

Sex Male Color or Race White Birth-place Maryland

Occupation Infanter Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Wm G. White Father's Birthplace Selcunaw

Mother's Maiden Name Harriet Annie Archer Mother's Birthplace Selcunaw

Name of person giving information Father How related to deceased

CAUSES OF DEATH

105

Primary Gastro Enteritis How long Two weeks

Immediate

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Wm. Jeter, Address Mullington Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Annie Bell Wikes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Oct.	17	21	7	25	
Sex	Female		Color or Race	Colored		Birth-place	Caroline Co.
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Randolph Wikes							
Father's Name	Alex Pritchard			Father's Birthplace	Unknown		
Mother's Maiden Name	Maria Green			Mother's Birthplace	Unknown		
Name of person giving Information	Randolph Wikes			How related to deceased	Husband		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis		How long	1 year.
Immediate	General Anemia		How long	1 month
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician		
		Address		
		Dr. H. E. Lee Jr.		
		Stromville		
Accident or Suicide				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Pauline Oliver Woodring*
Died at *Church Hill* ^{Town} *Queen Anne's* ^{County} *MARYLAND*
Date of death *1909* ^{Month} *Oct* ^{Day} *17* ^{Years} *4* ^{Months} *6* ^{Days}
Sex *Female* Color or Race *White* Birth-place *Pa.*
Occupation _____ Where Residing if not at place of death *at Bethlehem*

~~Married~~ Single *Single* or Widowed Name of Wife or Husband _____
Father's Name *Wm. A. Woodring* Father's Birthplace *Ind.*
Mother's Maiden Name *Lelia Pearl Meeds* Mother's Birthplace *Ind.*
Name of person giving Information *Lelia Pearl Meeds* How related to deceased *Mother*

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary *Marasmus* How long *4 Months*
Immediate *Starvation* How long *6 days*
Are the name, age, sex, color, date and place correctly given above? *Yes*
Signature of Physician *Wm. G. Copeage*
Address *Church Hill Ind.*
~~Accident or Suicide~~



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Eliza Wright* Town *Church Hill* County *Queen Anne's* State *MARYLAND*

Died at *Church Hill* Date of death *1909 Oct 23* Age *12* Months *1* Days *2*

Sex *Female* Color or Race *Colored* Birth-place *Church Hill*

Occupation *None* Where Residing if not at place of death *Church Hill*

Merriad, Single or Widowed *None* Name of Wife or Husband *None*

Father's Name *Joseph Wright* Father's Birthplace *Queen Anne's Co*

Mother's Maiden Name *Eliza Wright* Mother's Birthplace *Queen Anne's Co*

Name of person giving information *Edw Wright* How related to deceased *Brother*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary *Mesenteric* How long *4 Mts*

Immediate *Exhaustion* How long *2 hrs*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. S. Dwyer*

Address *Church Hill*

Accident or Suicide *No* *Queen Anne's Co Md*

